## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # **P97000105668** 1. Entity Name JOHN'S OPTICAL, P.A. 01-27-2000 90115 029 \*\*\*158.75 Principal Place of Business Mailing Address 749 STATE ROAD. 60 EAST 749 STATE ROAD, 60 EAST LAKE WALES FL 33853-4240 LAKE WALES FL 33853 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. \_Suite, Apt. #, etc. \_ DO NOT WRITE IN THIS SPACE. Applied For City & State City & State 4. FEI Number 59-3486532 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRESKOWITZ, JOHN J Street Address (P.O. Box Number is Not Acceptable) 749 STATE ROAD, 60 EAST LAKE WALES FL 33853 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PVST** ☐ Addition ☐ Delete TITLE ☐ Change TITLE GRESKOWITZ, JOHN J NAME NAME 749 STATE ROAD, 60 EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE GRESKOWITZ, JOHN J ... NAME NAME STREET ADDRESS 749 STATE ROAD: 60 EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachmen

SIGNATURE:

J. GRESKOWITZ